Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family Ties	CHAPTER 100.1
Address: 1103-A Kahauiki Place, Honolulu, Hawaii 96819	Inspection Date: March 5, 2019

	Rules (Criteria)	Plan of Correction	Completion Date
\boxtimes	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA
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